



QAPP PRACTICE REVIEW ASSESSOR APPLICATION (AF-10) SPEECH-LANGUAGE PATHOLOGY

INTRODUCTION

The role of **Quality Assurance & Professional Practice (QAPP) Practice Review Assessor** is supportive in nature. QAPP Assessors review the practice of other colleagues and peers. It is important for the QAPP Assessor to be objective and to provide constructive feedback, both positive and negative, to the registrant being reviewed.

At no time is the process to be disciplinary in nature or punitive. As an Assessor, you would have detailed information about the practice of another registrant. Maintaining confidentiality is an essential component of the process, and Assessors are required to sign a confidentiality agreement.

Please complete the following questionnaire. In support of your application, you may attach any pertinent, additional information that you feel would be relevant and helpful.

APPLICANT INFORMATION

Registrant Name:	
Registration Classification:	Registrant ID#:
Email:	Phone:

1. Please indicate which population(s) you are qualified to assess:

Population	YES	NO
Pre-school:	YES	NO
School Age:	YES	NO
Adult:	YES	NO

2. Please indicate all current practice certificates that you hold:

Certificate		
<i>E: Endoscopic Evaluation of Voice in Adults</i>	YES	NO
<i>F: Endoscopic Evaluation of Swallowing in Adults</i>	YES	NO
<i>G: Voice Restoration (Voice Protheses)</i>	YES	NO
<i>H: Communication & Swallowing Assessment & Management for Tracheostomy</i>	YES	NO
<i>I: Videofluoroscopic Assessment of Swallowing for Adults</i>	YES	NO
<i>J: Videofluoroscopic Assessment of Swallowing for Paediatrics</i>	YES	NO
<i>K: Management of Airway Secretions</i>	YES	NO

3. Please describe your experience as a Registered Speech-Language Pathologist (RSLP) – please include the number of years and roles:

4. Please describe your work as a RSLP in the previous 3 years. If you do not provide clinical care, please indicate the types of activities that you have performed that would be indicators of your ongoing knowledge, skills, and abilities:

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5. Please describe any experience in leadership, educator, supervisory, or preceptor education roles – please include the number of years and roles:

6. Please enter your completion dates for the following CSHBC online courses:

Online Course	Date Completed
<i>Law, Ethics, & Professionalism:</i>	
<i>Documentation & Records Management:</i>	



7. Please describe why you are interested in becoming a QAPP Practice Review Assessor.

8. Please describe an instance where you had to provide constructive feedback to a colleague or an employee. How was that feedback received?

9. Please describe your leadership style.



10. Please describe your communication style.

11. Please describe how you would manage the following scenario:

During a practice review, you identify a practice deficiency; however, the registrant does not acknowledge it and does not agree with your assessment.



12. Please provide an example of how you have contributed to the advancement of your profession.

13. If selected to be a QAPP Practice Review Assessor:

Are you able to travel within BC?	YES	NO
What time commitment are you able to make (on average)?		
With enough notice, are you able to attend an in-person orientation session (1/2 day) at the CSHBC office in Vancouver?	YES	NO
Are you willing to sign a confidentiality agreement?	YES	NO



ATTACHMENTS

Please attach any additional information you think is applicable to your application.

In addition, please send a sample of either your current clinical work (e.g. recent audiogram, recent client report) or non-client specific work or reviews.

<i>Applicant Signature</i>	<i>Date</i>

Please submit your completed application to the CSHBC Quality Assurance & Professional Practice program at qualityassurance@cshhpbcc.org.